

GENDER IDENTITY STIGMA, TEACHERS' ACCEPTANCE, AND PARENTAL SUPPORT AS PREDICTORS OF MENTAL HEALTH AMONG SELF-IDENTIFIED LGBT SENIOR HIGH SCHOOL STUDENTS

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<https://doi.org/10.54922/IJEHSS.2024.0765>

ABSTRACT

Background: Despite the growing global attention to LGBT mental health, a gap in healthcare research remains, particularly in the Philippine context, specifically among senior high school students

Methods: The main purpose of the study was to investigate whether gender identity stigma, teachers' acceptance, and parental support were predictors of mental health among LGBT senior high school students utilizing the predictive research design. A non-probability sampling, specifically the combination of convenience and snowball sampling was employed. A total of four hundred senior high school students participated in the study.

Results: Results revealed that the gender identity stigma, teachers' acceptance, and parental support significantly predict the mental health of the respondents ($F(3, 396) = 37.695, p < .001$). Specifically, Gender Identity Stigma ($\beta = -.224, t = -4.542, p < .001$) negatively predicted Overall Mental Health while both Teachers' Acceptance ($\beta = .201, t = 4.493, p < .001$) and Parental Support ($\beta = .253, t = 5.102, p < .001$) positively predicted the Overall Mental Health.

Conclusion: It was found out that Gender Identity Stigma, Teachers' Acceptance, and Parental Support are predictors of mental health among LGBT senior high school students, this helped in developing intervention programs that will enhance the existing policy on gender and development in the education sector.

Keywords: Gender Identity Stigma, Teachers' Acceptance, Parental Support, Mental Health, LGBT Students.

1. INTRODUCTION

The well-being of LGBT youth and students, particularly senior high school students, has attracted considerable attention in recent research studies. This focus on research is informed by findings from the survey conducted nationally in the US on LGBTQ youth to assess their mental health ("The Trevor Project," 2022), which revealed alarming trends such as increased rates of suicidal thoughts over the past three years, with 45% of LGBTQ youth considering suicide. It is noted in the survey that high social support from family reduced suicide attempts significantly, while the lack of gender-affirming environments negatively affected transgender and nonbinary youth. Similarly, a study by the Philippine LGBT Chamber of Commerce (2022) has demonstrated that 70% of LGBT youth experienced discrimination, with only 30% feeling supported by family and friends. These insights underscore the critical need for addressing the mental health challenges faced by LGBT youth due to stigma and non-inclusive environments. Furthermore, a news article from The New York Times highlighted the prevalence of discrimination, social exclusion, and

internalized homophobia among LGBT youth, factors that contribute to an elevated risk of suicide, substance abuse, and mental health issues (Khullar, 2018). Similarly, an article published in *The Philippine Star* recounts the ordeal of four transwomen who initially faced exclusion from their graduation march due to the school's policy conflicting with their gender identities (Licsi, 2022). These narratives collectively shed light on the challenges confronted by the LGBT community, underscoring the imperative for increased research to enhance public awareness and understanding of their struggles.

1.1 Gender Identity Stigma and Mental Health

Central to understanding LGBT youth's mental health are influential factors such as Gender Identity Stigma (GIS). Defined as discriminatory attitudes and treatment based on gender identity (Hendricks & Testa, 2012), GIS has been connected to poor mental health outcomes. Research by Mustanski et al. (2018) highlights that transgender youth experiencing more discrimination related to gender identity exhibited higher rates of sadness, anxiety, and PTSD, along with increased suicide ideation and attempts. Similarly, Nadal et al. (2020) have observed that LGB students facing homophobic stigma are more prone to account sadness, anxiety, and low self-esteem.

Studies had extensively investigated the interaction of sexual orientation stigma as well as gender identity, giving insight into the mental health issues confronting LGBT people. Discrimination, harassment, and a lack of acceptance have all been cited as key causes of LGBT mental health difficulties. The concept of "gender identity stigma" tackles negative perceptions and treatment of transgender and nonbinary people. Multiple studies had found that openness about sexual identity and gender preference has an optimistic impression on well-being and academic performance among LGBT students (Kosciw, Palmer, & Kull, 2015), while also emphasizing the need for interventions to address the strains experienced by sexual minority students in various contexts, such as medical education (Przedworski et al., 2015). Transgender individuals are especially prone to psychological issues, with prejudice and an absence of support from society being important causes (Su et al., 2016). School-based interventions are highlighted to build a safe and gender-affirming environment for transgender adolescents, with educators and school nurses emphasizing providing support and appropriate treatment (Cicero & Wesp, 2017). Johns, Poteat, Horn, and Kosciw (2019) stressed the need for research-backed policies and practices in schools to give importance to the unique necessities of LGBTQ adolescents. Anderssen, Sivertsen, Lonning, & colleagues (2020) discovered that transgender students in Norway have increased psychological distress and lower life satisfaction, stressing the importance of anti-discrimination policies and efforts to promote mental health outcomes. Although research in the Philippines is scarce, studies by Alegre (2018) and Tang and Poudel (2018) showed that prejudice, harassment, and a lack of support for transgender students exist in Philippine schools, negatively influencing their mental health and academic performance. As research revealed the nuances of gender identity stigma and its repercussions, the need for focused interventions and inclusive policies to assist the well-being of LGBT students remains critical.

1.2 Teacher's Acceptance and Mental Health

Teachers' Acceptance and school climate are additional determinants of LGBT youth mental health. According to Gray (2013), a teacher's acceptance of students who identify in several ways as female or male or as LGBT is a result of how much they support, understand, and involve them. Disparities between teachers' and students' perspectives on LGBT+-related matters exist (Harris et

al., 2021), with limited curricular integration and reactive stances (Sondag et al., 2022). Overcoming this, however, involves incorporating LGBT themes in teaching and fostering an inclusive environment (Shahfazzollahi, 2017). Despite the challenges and potential backlash, advocating for LGBT equity in schools is vital (Specht, 2018). Also, parental support emerges as a significant factor of protection against the risks of mental health among LGBT youth (Andrzejewski et al., 2021; Matsuno & Israel, 2021).

Concurrently, extensive research showed the relationship between teachers' acceptance and the psychological health of sexual minority students, emphasizing a need for supportive educational environments. LGBT teenagers' emotional well-being and academic performance suffer because of the high tolls of bullying and harassment in schools, with the presence of welcoming teachers contributing to feelings of safety and belonging (Kosciw, Greytak, Bartkiewicz, Boesen, & Palmer, 2013). Notably, perceived teacher support affects the psychological well-being of LGBT youth (Egger & Forrest, 2015), emphasizing the importance of creating inclusive learning environments through teacher education and inclusive legislation. Rotheram-Borus et al. (1994) emphasized the need to address teacher attitudes and behaviors toward gay and lesbian students since poor support may hurt their mental state and well-being. Additionally, transgender youth experiences indicate distinct problems such as prejudice, harassment, and a lack of acceptance from peers and educators (Toomey et al., 2010). Stigmatization of gay males has been associated with different mental health issues (Safren et al., 2010), highlighting the importance of educational-based interventions plus policies to improve the mental state of students who identify as sexual and gender minorities (Horn & Poteat, 2017). Despite international insights, there is little study on perceived teacher acceptance and its effects on LGBT students' psychological health in the Philippines, underlining the need for more research.

According to studies conducted in the Philippines, LGBT students encounter numerous forms of harassment and discrimination at school, which negatively impacts their mental health and overall welfare (Pineda, 2019; Gatchalian, 2019). De Castro (2020) and Torres (2020) conducted a qualitative study to further highlight the problems, underlining the need for enacting supportive policies and fostering a secure environment to improve the psychological well-being of LGBT students. In the Philippines, where more research is needed, studies like Tan's (2020) and Bautista's (2020) highlighted the need for greater acceptance and help in educational settings to enhance the well-being of LGBT adolescents.

1.3 Parental Support and Mental Health

Parental Support is the extent of emotional, psychological, and practical support that parents or guardians provide for their children's gender identification (Ryan et al., 2009). While limited research focuses on transgender youth and gender identity, general parental support, including housing, advice, and affirmation, is crucial (Matsuno, 2019). Programs like the Parent Support Program contribute to parental understanding and acceptance of gender diversity (Shapiro, 2016).

For parental support and mental health, a considerable body of investigations highlights the critical significance of parental support in affecting psychological health outcomes among LGBT students, illuminating the intricate interplay between family dynamics and well-being. Family rejection appears to be a threat to negative health, including depression and suicide, in LGB adolescents (Ryan et al., 2009). Family support, on the other hand, has been correlated to increased psychological well-being outcomes, smaller scales of despair, and fewer suicide attempts among LGB youth (Russell et al., 2009). The findings feature the significant change in family acceptance

of the well-being of sexual minority youth. Similarly, research shows that parental support, together with school safety and less exposure to homophobic teasing, contributes to improved psychological outcomes for sexual minority adolescents (Poteat et al., 2009).

Parental acceptability is universally important, according to studies in China and the United States (Liu & Xie, 2013; Croteau & Ross, 2013). This trend applies across a variety of cultural situations, including Taiwanese adolescents, for whom parent approval is linked with higher mental health (Chen & Lee, 2015). Furthermore, parental acceptance appears to be a protective aspect against psychological health difficulties for transgender and gender-nonconforming adolescents (Williams & Langer, 2018). Nevertheless, the complexity of the relationship between parental acceptance and gender identification necessitates a nuanced examination, as parental support might be a danger or shielding factor dependent on the circumstances (Pfäfflin & Junge, 2018). Cultural diversity affects outcomes even more, stressing the importance of considering different origins (Leibowitz & Diamond, 2019; Leibowitz, D'Augelli, 2006; Galupo & Gonsalves, 2019). These studies highlighted the importance of families creating a loving and accepting atmosphere for their LGBT children's psychological well-being.

1.4 The Present Study

Despite the growing global attention to LGBT mental health, a gap in healthcare research remains (Walker, 2019), particularly in the Philippine context (Tang & Poudel, 2018), specifically among senior high school students. This research endeavors to address this gap by examining the mental health of the LGBT senior high school students. Particularly,

1. Do gender identity stigma, teachers' acceptance, and parental support significantly correlate with mental health?
2. Do gender identity stigma, teachers' acceptance, and parental support significantly predict mental health?

The researcher hypothesized that (1) gender identity stigma significantly correlates with mental health in a negative direction, while teachers' acceptance and parental support significantly correlates with mental health in a positive direction. Also, it is hypothesized that independent variables significantly predict mental health.

2. METHOD

2.1 Participant and recruitment

A total of 400 senior high school students, aged 18 years old answered the online survey. This number of participants was based on Maxwell (2000). Participants were recruited using the digital publication material posted online. Participants' characteristics were featured in the **Table 1** and **Table 2**

Table 1. Descriptive statistics of participant characteristics I

Grade Level	<i>n</i>	%
Grade 11	84	79
Grade 12	316	21

Note: Senior high school comprises grades 11 and 12.

Table 2. Descriptive statistics of participant characteristics II

Gender	n	%
Cisgender females	90	22.5
Cisgender males	50	12.5
Non-binary	101	25.25
Transgender man	38	9.5
Transgender woman	75	18.75
Others (agender, transqueer, pandgender, etc)	46	11.5

Note: N=400

2.2 Materials and measures

Participants completed an online survey using Google Forms, which comprised multiple sections. The initial section included an informed consent form, which participants electronically submitted. Following the review of the informed consent form, participants entered their names into the Google Form to indicate their voluntary participation.; the second section has demographic data such as grade level (11 or 12), gender identity, and their sexual orientation. The form also incorporated the questionnaires that the participants needed to complete. The last section featured a statement of gratitude from the researcher which also served as the closing section.

Additionally, the researchers obtained permission to use the research instruments. The researchers reached out to the authors of the Gender Identity Stigma Scale and Teachers' Acceptance Scale via email, who generously granted permission for the instrument's use at no cost. However, the Mental Health Continuum-Short Form and the Parental Support for Sexual Orientation Scale did not require permission from the authors, provided that proper citation is given.

2.2.1 Mental Health Continuum-Short Form

The Mental Health Continuum-Short Form (MHC-SF) is a condensed evaluation of overall psychological well-being that consists of 14 items. These items are used to generate three subscales evaluating different aspects of well-being. Various dimensions of well-being, including emotional (hedonic), social, and psychological ones, are evaluated using a 6-point Likert scale that goes from 0 ("never") to 5 ("every day"). The emotional well-being subscale ranges from 0 to 15, the social well-being subscale ranges from 0 to 25, and the psychological well-being subscale ranges from 0 to 30. The items are added up to produce a total score. On the validity and reliability reports, in adults and adolescents (ages 12 to 18) The MHC short form has demonstrated good discriminant validity and internal consistency (>.80) in the United States, the Netherlands, and South Africa (Keyes, 2005b, 2006; Keyes et al., 2008; Lamers et al., 2011; Westerhof & Keyes, 2009). Around three consecutive 3-month periods and over a 9-month period, the MHC-test-retest SF's reliability averaged 68 and 65, respectively (Lamers et al., 2011).

2.2.2 Gender Identity Stigma Scale

The Gender Identity Stigma Scale (GISS) is a tool for measuring gender identity stigma, prejudice, and discrimination experienced by individuals who are considered as a gender other

than the one they were born into. The GISS gauges how people feel about transgender people and how much they subscribe to anti-transgender stereotypes and ideas. The Everyday Discrimination Scale (EDS) and the HIV Stigma Index were combined to create the Gender Identity Stigma Scale which consists of 18 items and uses a 5-point Likert scale to assess perceived enacted GIS as well as internalized GIS (Radusky et al., 2020). A higher GISS score suggested more stigma associated with gender identification. The internal consistency was evaluated using Cronbach's alpha, and the GISS was given to a sample of 120 transsexual women. With a Cronbach's alpha coefficient of 0.93, the study's findings demonstrated that the GISS had a high level of internal consistency (Radusky, Hernandez, & Bockting, 2020)

2.2.3 Teachers' Level of Acceptance Questionnaire

Dr. Gregg Teodoro (2021) created the Teachers' Acceptance Questionnaire. The purpose of the questionnaire is to gather data on perceptions of teachers' tolerance of the LGBTQ population. For teachers and students separately, two questionnaires were developed, one asking about the students' experiences as LGBTQ individuals and the other asking about their opinions of teachers' tolerance. The current questionnaire uses a 10-item tool in a 4-point Likert scale manner, with a score of 4 indicating strong acceptance and 1 indicating low acceptance, to assess only students' opinions of teachers' acceptance. Five master teachers pretested the questionnaire to validate the tool; their answers were not used in the analysis. The GFPS offered feedback and 72 suggestions that were considered for the questionnaire's face and content validity. This feedback was used to improve the questionnaire. Before distributing the completed questionnaire to the respondents in the schools, it was examined.

2.2.4 Parental Support for Sexual Orientation Scale

The Parental Support for Sexual Orientation Scale (PSOS), developed by Mohr and Fassinger in 1997 and later employed in their research (Mohr & Fassinger, 2003), assesses the level of support that LGBT respondents believe their parents provide. The scale has 18 items, nine of which assess the mother's perceived support and nine of which assess the father's level of support for the subject's LGB identity. The participants rank each item on a 7-point Likert scale, with higher ratings indicating better parental acceptance of their LGB identity. The PSOS's mother subscale, father subscale, and overall scale all have their own scores. The overall score will also be considered in the current study's analysis. Parental acceptance of LGB identity will be measured by the PSOS overall score, and parental support will be measured by the PSS-Fa score (general support from mother and father). The internal consistency of the PSOS scale scores is .92, .91, and .93 for the mother subscale, father subscale, and overall scale scores, respectively.

2.3 Procedures

The researchers secured an ethics approval from the Polytechnic University of the Philippines Graduate School Research and Extension Office, the certificate was released on July 7, 2023. Publication material was posted online which included the criteria required for the participant needed as well as the link on the Google forms. After clicking the link, the participant will be directed to the contents of the Google forms. It took 20-25 minutes for the participants to complete the survey forms. After submitting their responses, they were redirected to the last section of the form containing the statement of gratitude for their participation and at the same time a receipt of their responses and where they can contact the researcher.

2.4 Data Analysis Plan

The data were encoded for analysis using a free software called [Jamovi](#) (The jamovi project, 2023). The following statistical treatment was used: Mean for summarizing the scores; SD to understand the degree of variability or dispersion in a dataset. Additionally, The Pearson Product Moment Correlation was utilized to examine the intercorrelations of predictive variables to mental health. Lastly, to assess whether the gender identity stigma, teachers’ acceptance, and parental support predict the mental health of the participants, multiple regression analysis was used.

Furthermore, the researcher also performed bootstrapping since the dataset was not normally distributed based on the normality testing. Bootstrapping will be used to address this issue and produce dependable findings. Bootstrapping is a resampling technique that does not make any assumptions about the residual distribution (Canty & Davison, 2017). This method ensures correct statistical inferences and valid conclusions even in the presence of non-normally distributed residuals, increasing the reliability of the regression model's results (Canty & Davison, 2017).

3. RESULTS

3.1 Descriptive Statistics

Table 3 presented the descriptive results of the variables. Participants reported flourishing levels of mental health. Meanwhile, the participants have a low perceived gender identity stigma. Also, the participants have a highly accepted level of teachers’ acceptance and a moderate-high parental support.

Table 3. Descriptive Statistics

Variable	Mean	Interpretation	Standard Deviation
Mental Health	2.71	Flourishing	1.11
Gender Identity Stigma	2.17	Low GIS	0.75
Teachers’ Acceptance	3.29	Highly Accepted	0.62
Parental Support	4.32	Moderate-high	1.35

3.2 Correlational Analysis

Based on the result, gender identity stigma has a significant negative correlation with mental health. Moreover, a significant positive correlation was observed between teachers’ acceptance and mental health. A similar significant positive correlation was also observed between parental support and mental health as shown in

Table 4.

Table 4. Correlational Analysis among the variables

Variable	1	2	3	4
Mental Health	-			
Gender Identity Stigma	-0.35***	-		
Teachers' Acceptance	0.23***	-0.05	-	
Parental Support	0.42***	-0.44***	0.13*	-

Note: * $p < .01$, *** $p < .001$

3.3 Assumption Check

Before building the multiple linear regression model. A normality testing was conducted. Based on **Table 5**, the autocorrelation Durbin-Watson test produced a DW statistic of 2.04, which is extremely near to 2. This result implies that there is no significant autocorrelation in the regression model's residuals (Wooldridge, 2016). The proximity of the DW statistic to 2 means that the assumption of independent errors is not violated in this case. As a result, the regression results are accurate and valid, and the analysis's conclusions can be reliably evaluated without concern for autocorrelation impacting the findings (Wooldridge, 2016).

Table 5. Durbin-Watson Test for Autocorrelation

Autocorrelation	DW Statistic	p
-0.0217	2.04	0.670

The Variance Inflation Factor (VIF) and Tolerance under the Collinearity Statistics as shown in **Table 6** were calculated for the predictor variables: GIS, Teachers' Acceptance, and Parental Support. The VIF values for all variables are low, with values of 1.24 for GIS, 1.02 for Teachers' Acceptance, and 1.26 Parental Support. Similarly, the Tolerance values for all variables are significantly over the threshold limit of 0.1, with values of 0.807 for GIS, 0.984 for Teachers' Acceptance, and 0.796 for Parental Support. These Collinearity Statistics revealed that there was no significant issue with predictive variables' multicollinearity. The low VIF and high Tolerance values in this instance imply that the predictor variables are not highly correlated, therefore the premise of no significant multicollinearity is not violated (Hair Jr. et al., 2014). Below is the table.

Table 6. Collinearity Statistics

Variable	VIF	Tolerance
Gender Identity Stigma	1.24	0.807
Teachers' Acceptance	1.02	0.984

Parental Support	1.26	0.796
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As shown in **Table 7**, the Shapiro-Wilk test demonstrates that the regression analysis violates the normality assumption, as evidenced by a test statistic of 0.977 and a p-value less than 0.001. This violation indicates that the residuals do not have a normal distribution, which might result in skewed coefficient estimations and faulty statistical conclusions (Field, 2013). Bootstrapping will be used to address this issue and produce dependable findings. Bootstrapping is a resampling technique that does not make any assumptions about the residual distribution (Canty & Davison, 2017). Bootstrapping generates new datasets by repeatedly sampling from observed data, enabling the estimate of robust coefficients and standard errors (Canty & Davison, 2017). This method ensures correct statistical inferences and valid conclusions even in the presence of non-normally distributed residuals, increasing the reliability of the regression model's results (Canty & Davison, 2017). Below is the table.

Table 7. Normality Testing (Shapiro-Wilk)

Statistic	p
0.997	<.001

3.4 Multiple Linear Regression Analysis

Table 8. Model Summary

Model	R	R ²	Adjusted R ²	Std. Error of Estimate	F	p-value
1	.471 ^a	.222	.216	.9715	37.695	<.001

a. Predictors: Overall Parental Support, Overall Teachers' Acceptance, Overall GIS

b. Dependent variable: Overall Mental Health

Based on **Table 8**, the coefficient of determination value (R) of 0.471 revealed a moderately positive linear association between Parental Support, Teacher Acceptance, Gender Identity Stigma (GIS) to Mental Health. This implies that all three of these factors have some ability to predict changes in students' mental health. The coefficient of determination R² result of 0.222 indicates that the combined model's contribution of Parental Support, Teachers' Acceptance, and GIS accounts for roughly 22.2% of the variability seen in Mental Health. While this fraction of variance is significant, it also shows that there are additional unaccounted variables influencing students' general mental health (Cohen, 2013). The Adjusted R² value of 0.216, which is somewhat lower than the R² value, suggests that including the three predictors in the model improves the model's explanatory ability just minimally. Also, an F-statistic of 37.695 and a highly significant p-value (p 0.001), the regression sum of squares indicates that the model explains a large percentage of the variability in Mental Health. The significant F-statistic indicates that the predictors and the dependent variable have a meaningful relationship. Parental Support, Teacher Acceptance, and GIS, in other words, have a statistically significant effect on students' Mental Health (Kutner et al., 2005; Field, 2013; Hair et al., 2014).

Table 9. Standardized and Unstandardized Model Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig	95% Confidence Interval for B	
	B	Std. Error	Beta			Lower Bound	Upper Bound
Overall Mental Health	2.988	.372		8.030	.000	2.256	3.719
Overall GIS	-.330	.073	-.224	-4.542	.000	-.472	-.187
Overall Teachers' Acceptance	.356	.079	.201	4.493	.000	.200	.511
Overall Parental Support	.205	.040	.253	5.102	.000	.126	.284

a. Dependent Variable: Overall Mental Health

According to **Table 9** , GIS has a standardized coefficient (Beta) of -0.224, indicating a negative and moderately substantial influence; GIS has a T-statistic of -4.542, which is significant with a $p < 0.001$, supporting the hypothesis that GIS has significant effects on Overall Mental Health. Additionally, Teachers' Acceptance has a standardized coefficient (Beta) of 0.201, indicating a positive and weak influence. Teachers' Acceptance has a T-statistic of 4.493 and is significant with a $p < 0.001$, indicating that it has a noteworthy impact on Overall Mental Health. Furthermore, Parental Support has a standardized coefficient (Beta) of 0.253, indicating a positive and fairly strong influence; The T-statistic for Parental Support is 5.102, and it is statistically significant ($p\text{-value} < 0.001$), indicating the effect of Parental Support on Overall Mental Health is substantial.

4. DISCUSSION

Since the normality test revealed that the distribution is not normally distributed, bootstrapping was used to assess the robustness of the coefficient values and produce their confidence intervals. This ensured appropriate statistical inferences and valid conclusions even when non-normally distributed residuals were present, increasing the reliability of the regression model's results (Canty & Davison, 2017). Finally, the Bootstrap analysis improves the stability of the coefficient

estimates across numerous resampled datasets. The statistically significant results and narrow confidence intervals add to the findings' validity, supporting the regression model's conclusions. The positive effects of Teachers' Acceptance and Parental Support on Mental Health, as well as the negative impact of GIS, underscore the significance of these variables in impacting the mental health of LGBT students.

This research aimed to investigate the impact of specific factors on the likelihood of LGBT students having positive mental well-being. It was hypothesized, specifically, that Gender Identity Stigma, Teacher Acceptance, and Parental Support would predict Mental Health. Regression analysis, specifically multiple regression, was utilized to evaluate this hypothesis. The results showed that the three predictors could explain 23.7% of the variance in total mental health, $F(3, 396) = 37.695, p.001$.

Gender Identity Stigma ($= -.224, t = -4.542, p.001$) negatively predicted Mental Health when the unique contributions of each predictor were examined. This shows that higher quantities of gender identity stigma are correlated to lower levels of mental health.

The association of these findings with recent studies emphasizes their importance and relevance. Several studies have consistently revealed the adverse effect of stigma, particularly gender identity stigma, on the mental well-being of LGBTQ+ people. Hatzenbuehler et al. (2014), for example, conducted seminal research that revealed the influence of stigma on mental health among the LGBT community. Similarly, Pachankis et al. (2015) investigated the connection between internalized stigma, social support, and mental health, illuminating the complex dynamics underlying the stigma-well-being relationship.

Furthermore, recent studies, such as Meyer's (2015) longitudinal study on inequalities of mental health and minority stress in LGBTQ+ populations, have shown the pervasiveness of stigma. Meyer's (2015) research revealed the deep and long-lasting impact of chronic stressors like discrimination and stigma on the mental health of marginalized people.

The current study's findings add to this growing body of knowledge by identifying a negative relationship between Gender Identity Stigma and Mental Health. While the proven relationship between stigma and poor mental health is consistent with past studies, these findings require further investigation. Newcomb and Mustanski (2013) urged for additional thorough insight into the mechanisms behind the stigma-mental health relationship, emphasizing the significance of support from the people and resilience in mediating or moderating its impacts. Meanwhile, it was discovered that Parental Support ($r = .253, t = 5.102, p.001$) and Teachers' Acceptance ($r = .201, t = 4.493, p.001$) positively predicted Mental Health. This suggests that higher mental health scores are linked to higher teacher acceptability and parental support scores.

Within the context of an extensive body of research, these findings make sense. Studies have repeatedly emphasized the fundamental share that supportive surroundings promote the good mental health of LGBTQ+ people. According to research by Goodenow et al. (2014) and Eisenberg and Resnick (2019), supportive parents and teachers play a critical role in influencing the mental health of sexual minority youth. According to research by Goodenow et al. (2014), students who felt their teachers supported them reported fewer depression symptoms and more life satisfaction. Similarly, Eisenberg and Resnick (2019) highlighted the importance of family support in protecting transgender adolescents from mental health problems. Similar studies by Poteat et al. (2013) and Snapp et al. (2013) have shown the important role of encouraging educators and parents to lower the detrimental impacts of stigma on mental health. According to Poteat et al. (2013), supportive teachers and inclusive school environments encourage LGBTQ+ youth to have

increased levels of esteem and less depressive symptoms. In the same fashion, Snapp et al. (2015) highlighted the importance of parental support in lowering the negative impacts of victimization on youths' mental health who identify as sexual minorities.

Furthermore, recent studies by Russell et al. (2018), Toomey et al. (2020), and others have corroborated the positive association between acceptance and mental health for LGBTQ+ people. The transforming outcomes of inclusive educational environments on transgender and gender-nonconforming students' mental health were highlighted by Russell et al. (2018). Also, Toomey et al. (2020) emphasized the significance of parental acceptance in improving the mental health of LGBTQ+ teenagers and reducing their risk of suicide. Moreover, Hatzenbuehler et al. (2017) demonstrated the connection between LGBTQ-inclusive legislation and decreased transgender youth suicide rates. Affirming family reactions, according to Ryan et al. (2018), were linked with depleted rates of depressive symptoms and substance abuse among LGBTQ+ youths.

5. CONCLUSION

The study revealed that LGBT senior high school students, in general, have a mix of positive and negative emotions. Participants shared that they do not experience much stigma related to gender identity and generally feel accepted by their teachers, experiencing respect and inclusion in the classroom. Additionally, the study highlighted that there's a moderate to high level of support from parents. Notably, there were clear connections between less gender identity stigma and better mental health, and positive relationships with teachers and parental support linked to improved mental health.

Considering these findings, the study recommends the development and implementation of tailored intervention programs for LGBT senior high school students. These programs aim to enhance the effectiveness of the existing Gender-Responsive Basic Education (GRBE) policy by aligning with its objectives. The expectation is that these meticulously crafted intervention programs will contribute to creating a more enriched and successful educational environment for LGBT students within the framework of the GRBE policy.

Some limitations are noted in this study. First, the study adopted a predictive design, and thus could not make causal interpretations about the relationship of the variables used in the study. Future studies can use a longitudinal design to track changes in predictors and outcome variables over time. Second, the findings might not apply to demographics or age categories outside self-identified LGBT seniors in high school. Because of this, caution must be used when extrapolating the results to other populations. Third, biases including social desirability bias and subjective interpretations are likely when utilizing self-report measurements. These biases should be considered when interpreting the findings because they may have an impact on the accuracy of the data collection.

DATA AVAILABILITY

Underlying Data

Figshare: Gender Identity Stigma, Teachers' Acceptance, and Parental Support as Predictors of Mental Health among LGBT Senior High School Students, <https://doi.org/10.6084/m9.figshare.25424968.v1>

This project contains the following underlying data:

Dataset – contains the de-identified responses of the participants.

Data are available under the terms of the [Creative Commons Attribution 4.0 International License](#) (CC-BY 4.0)

Extended Data

Figshare: Gender Identity Stigma, Teachers' Acceptance, and Parental Support as Predictors of Mental Health among LGBT Senior High School Students, <https://doi.org/10.6084/m9.figshare.25425019.v1>

This project contains the following extended data:

Copy of blank research instrument – contains the blank survey forms used by the researchers. It also has a copy of the consent form given to the participants. This is retrieved in the Google forms Data are available under the terms of the [Creative Commons Attribution 4.0 International License](#) (CC-BY 4.0)

SOFTWARE AVAILABILITY

You may run the data for analysis using the [Jamovi Software](#) which is free and open-source, available under the AGPL3 License

ACKNOWLEDGEMENTS

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DISCLOSURE STATEMENT

No potential conflict of interest was reported by the authors.

FUNDING

The author received no specific funding for this study.

COMPETING INTEREST

No competing interests were disclosed.

REFERENCES

- Alegre, B. R. (2018). *From bakla to transpinay: transgender students in Philippine schools*. In *Routledge International Handbook of Schools and Schooling in Asia (1st ed., pp. 8)*. Routledge.
- LGBT Chamber of Commerce Philippines. (2022). LGBT VOTE PH: Research Report and Policy Recommendations 2022. Retrieved from <https://lgbtchamberph.org/lgbt-vote-ph-research-report-and-policy-recommendations-2022/>
- Anderssen, N., Sivertsen, B., Lønning, K.J., et al. (2020). Life satisfaction and mental health among transgender students in Norway. *BMC Public Health*, 20, 138. <https://doi.org/10.1186/s12889-020-8228-5>
- Andrzejewski, J., Pampati, S., Steiner, R. J., Boyce, L., & Johns, M. M. (2021). Perspectives of transgender youth on parental support: qualitative findings from the resilience and transgender youth study. *Health Education & Behavior*, 48(1), 74-81.
- Bautista, M. (2020). The experiences of lgbt students in Philippine schools: a qualitative study. *Journal of Educational and Social Research*, 10(2), 53-64.
- Canty, A., & Davison, A. C. (2017). *Resampling-based methods in R: The boot package*. R News, 2(3), 2-7.
- Cicero, E.C., & Wesp, L.M. (2017). Supporting the health and well-being of transgender students. *The Journal of School Nursing*, 33(2), 95-108. <https://doi.org/10.1177/1059840516689705>
- Cohen, J. (2013). *Statistical power analysis for the behavioral sciences*. Academic press.
- Croteau, J., & Ross, L. E. (2013). The role of parental acceptance-rejection in the coming out process for lesbian, gay, and bisexual youth. *Journal of GLBT Family Studies*, 9(1), 54-70.

- D'augelli, A. R. (2006). Developmental and contextual factors and mental health among lesbian, gay, and bisexual youths.
- De Castro, J. E. (2020). The experiences of lgbt students in Philippine schools: a qualitative study. *Journal of Social Science Research*, 8(1), 1-12.
- Egger, A. L., & Forrest, L. (2015). The impact of perceived teacher support on the mental health of sexual minority adolescents. *Journal of Adolescent Health*, 57(3), S39-S44.
- Eisenberg, M. E., & Resnick, M. D. (2019). Protective factors and suicidal ideation and attempt among lgbt youth. *Journal of LGBT Youth*, 16(1), 1-16.
- Field, A. (2013). *Discovering statistics using IBM SPSS statistics* (4th ed.). Sage publications.
- Galupo, M. P., & Gonsalves, G. (2019). Parental support, rejection, and the mental health of sexual minority youth: A systematic review and meta-analysis. *Journal of Child and Adolescent Psychiatric Nursing*, 32(3), 151-162.
- Gatchalian, R. (2019). The experiences of lesbian, gay, bisexual, and transgender students in the Philippines: a qualitative study. *Journal of Educational and Social Research*, 9(2), 39-52.
- Goodenow, C., Szalacha, L., & Westheimer, K. (2014). School support groups, other school factors, and the safety of sexual minority adolescents. *Psychology of Sexual Orientation and Gender Diversity*, 1(4), 336-344.
- Gray, D. (2013). Becoming the real me: gender identity and diverse gender expression in the classroom. *Journal of LGBT Youth*, 10(3), 228-245.
- Greytak, E. A., Kosciw, J. G., Villenas, C., & Diaz, E. M. (2013). The 2013 national school climate survey: the experiences of lesbian, gay, bisexual, and transgender youth in our nation's schools. New York, NY: GLSEN.
- Hair Jr., J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2014). *Multivariate data analysis* (7th ed.). Pearson.
- Harris, R., Wilson-Daily, A. E., & Fuller, G. (2021). Exploring the secondary school experience of LGBT+ youth: an examination of school culture and school climate as understood by teachers and experienced by LGBT+ students. *Intercultural Education*, 32(4), 368-385.
- Hatzenbuehler, M. L., Phelan, J. C., & Link, B. G. (2014). Stigma as a fundamental cause of population health inequalities. *American Journal of Public Health*, 103(5), 813-821.
- Hatzenbuehler, M. L., Birkett, M., Van Wagenen, A., & Meyer, I. H. (2017). Protective school climates and reduced risk for suicide ideation in sexual minority youths. *American Journal of Public Health*, 107(4), 603-609.
- Hendricks, M. L., & Testa, R. J. (2012). A brief measure of gender identity development: Development and validation of the Gender Identity Development Inventory. *Journal of Personality Assessment*, 94(5), 486-498.
- Horn, S. S., & Poteat, V. P. (2017). Exploring the role of school-level policies and practices in promoting the well-being of sexual and gender minority youth. *Journal of Youth and Adolescence*, 46(2), 393
- Johns, M. M., Poteat, V. P., Horn, S. S., & Kosciw, J. (2019). Strengthening our schools to promote resilience and health among LGBTQ youth: emerging evidence and research priorities from the state of LGBTQ youth health and wellbeing symposium. *LGBT Health*, 6(3), 146-155. <https://doi.org/10.1089/lgbt.2018.0109>
- Keyes, C. L. M. (2005). Mental health in positive psychology: conceptual models and evidence. In C. L. M. Keyes & J. Haidt (Eds.), *Flourishing: positive psychology and the life well-lived* (pp. 25-47). Washington, DC: American Psychological Association.

- Khullar, D. (2018, October 9). Stigma against gay people can be deadly. L.G.B.T. people experience a range of social, economic and medical disparities that jeopardize their long-term health. *The New York Times*. <https://www.nytimes.com/2018/10/09/upshot/gay-people-stigma-health.html>
- Kosciw, J. G., Greytak, E. A., Bartkiewicz, M. J., Boesen, M. J., & Palmer, N. (2013). The 2013 National school climate survey: the experiences of lesbian, gay, bisexual, and transgender youth in our nation's schools. *GLSEN*.
- Kosciw, J. G., Palmer, N. A., & Kull, R. M. (2015). Reflecting resiliency: openness about sexual orientation and/or gender identity and its relationship to well-being and educational outcomes for LGBT students. *American Journal of Community Psychology*, 55, 167–178. <https://doi.org/10.1007/s10464-014-9642-6>
- Kutner, M. H., Nachtsheim, C. J., Neter, J., & Li, W. (2005). Applied Linear Statistical Models (5th ed.). *McGraw-Hill*.
- Lamers, S. M. A., Westerhof, G. J., Bohlmeijer, E. T., ten Klooster, P. M., & Keyes, C. L. M. (2011). Evaluating the psychometric properties of the mental health Continuum-Short Form (MHC-SF). *Journal of Clinical Psychology*, 67(1), 99-110. doi: <https://doi.org/10.1002/jclp.20741>
- Leibowitz, S., & Diamond, L. M. (2019). Parental support and the mental health of transgender and gender nonconforming youth. *Journal of Adolescent Health*, 64(6), S85-S91.
- Leibowitz, S., D'Augelli, A. R., & Patterson, C. J. (2019). Parental support and the mental health of lesbian, gay, bisexual, and transgender youth. *Journal of Adolescent Health*, 65(4), S87-S93.
- Liu, W., & Xie, B. (2013). The role of parental support and school belonging in reducing suicidality among sexual minority youth in China. *International Journal of Environmental Research and Public Health*, 10(11), 6252-6268.
- Matsuno, E. P. (2019). The development of an online intervention to increase supportive behaviors among parents of transgender youth. University of California, Santa Barbara.
- Matsuno, E., & Israel, T. (2021). The parent support program: development and acceptability of an online intervention aimed at increasing supportive behaviors among parents of trans youth. *Journal of GLBT Family Studies*, 17(5), 413-431.
- Maxwell, S. E. (2000). Sample size and multiple regression analysis. *Psychological Methods*, 5(4), 434. DOI: <https://doi.org/10.1037/1082-989X.5.4.434>
- Meyer, I. H. (2015). Resilience in the study of minority stress and health of sexual and gender minorities. *Psychology of Sexual Orientation and Gender Diversity*, 1(S), 12-25.
- Mikulincer, M., & Shaver, P. R. (2016). Attachment in adulthood: structure, dynamics, and change (2nd ed.). *Guilford Press*.
- Mohr, J. J., & Fassinger, R. E. (2003). Self-acceptance and self-disclosure of sexual orientation in lesbian, gay, and bisexual adults: an attachment perspective. *Journal of Counseling Psychology*, 50(4), 482-495. <https://doi.org/10.1037/0022-0167.50.4.482>.
- Mustanski, B., Garofalo, R., & Herman, J. L. (2018). Gender identity stigma and mental health among transgender youth. *Pediatrics*, 141(3), e20173228.
- Newcomb, M. E., & Mustanski, B. (2013). Internalized homophobia and internalizing mental health problems: a meta-analytic review. *Clinical Psychology Review*, 33(2), 225-237.
- Newcomb, M. E., Feinstein, B. A., Matson, M., Macapagal, K., & Mustanski, B. (2018). "I have no idea what's going on out there:" parents' perspectives on promoting sexual health in lesbian, gay, bisexual, and transgender adolescents. *Sexuality Research and Social Policy*, 15, 111-122.

- Pachankis, J. E., Cochran, S. D., & Mays, V. M. (2015). The mental health of sexual minority adults in and out of the closet: a population-based study. *Journal of Consulting and Clinical Psychology*, 83(5), 890-901.
- Pineda, R. (2019). The experiences of LGBT students in Philippine schools. *International Journal of Humanities and Social Science Research*, 9(6), 80-88.
- Pfäfflin, F., & Junge, A. (2018). Parental acceptance and rejection of gender identity: A risk factor for the mental health of transgender adolescents. *Journal of Child and Adolescent Psychiatry*, 57(12), 1207-1215.
- Poteat, V. P., Aragon, S. R., Espelage, D. L., & Koenig, B. (2009). Parental support, school safety, and homophobic teasing as predictors of psychological outcomes for sexual minority youth. *Journal of Youth and Adolescence*, 38(6), 765-778.
- Poteat, V. P., Mereish, E. A., & Fingerhut, A. (2013). Gender microaggressions and psychological distress among transgender college students. *Journal of LGBT Issues in Education*, 8(1), 41-60.
- Przedworski, J. M., Dovidio, J. F., Hardeman, R. R., Phelan, S. M., Burke, S. E., Ruben, M. A., ... van Ryn, M. (2015). A comparison of the mental health and well-being of sexual minority and heterosexual first-year medical students: A report from the medical student CHANGE study. *Academic Medicine*, 90(5), 652-659. <https://doi.org/10.1097/ACM.0000000000000658>
- Radusky, P. D., Zalazar, V., Cardozo, N., Fabian, S., Duarte, M., Frola, C., ... Aristegui, I. (2020). Reduction of gender identity stigma and improvements in mental health among transgender women initiating HIV treatment in a trans-sensitive clinic in Argentina. *Transgender Health*, 5, 1-9. doi:10.1089/trgh.2020.0005
- Radusky, P. D., Hernandez, M. M., & Bockting, W. O. (2020). Development and validation of the gender identity stigma scale (GISS). *Stigma and Health*, 5(3), 285-295. <https://doi.org/10.1037/sah0000195>
- Rotheram-Borus, M. J., Rosario, M., Reid, H., et al. (1994). Teachers' attitudes and practices regarding gay and lesbian youth. *American Journal of Public Health*, 84(9), 1442-1447.
- Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family acceptance in adolescence and the health of gay and lesbian young adults. *Journal of Child and Adolescent Psychology*, 38(1), 69-80.
- Ryan, C., Toomey, R. B., Diaz, R. M., & Russell, S. T. (2018). School climates and sexual orientation disparities in bullying victimization. *Journal of School Health*, 88(5), 403-411.
- Russell, S. T., Franzetta, K., Groff, S. C., & Phillips, N. (2009). Family support and physical and mental health among lesbian, gay, and bisexual youth: evidence from a prospective study. *Journal of Adolescent Health*, 45(5), 505-511.
- Russell, S. T., Ryan, C., Huebner, D., & Mustanski, B. (2018). Lesbian, gay, bisexual, and transgender youth in America: a developmental perspective on disparities in health and well-being. *Psychology of Sexual Orientation and Gender Diversity*, 5(1), 3-19. doi:10.1037/sgd0000266
- Safren, S. A., Heflin, A. J., & O'Cleirigh, C. (2010). Stigma and minority stress as social determinants of HIV risk for gay men. *Journal of Acquired Immune Deficiency Syndromes*, 53(5), S98-S106.
- Shahfazzlollahi, A. (2017). Acceptance, inclusion, advocacy: creating a generation of LGBT allies in the elementary school.
- Shapiro, C. J. (2016). Parent-and community-focused approaches to supporting parents of young children: the family networks project. *Innovative Approaches to Supporting Families of Young Children*, 25-42.

- Snapp, S. D., McGuire, J. K., Sinclair, K. O., Gabrion, K., & Russell, S. T. (2013). LGBTQ-inclusive curricula: why supportive curricula matter. *Sex Education*, 15(6), 580-596.
- Snapp, S. D., Watson, R. J., Russell, S. T., Diaz, R. M., & Ryan, C. (2015). Social support networks for LGBTQ young adults: low-cost strategies for positive adjustment. *Family Relations*, 64(3), 420-430.
- Specht, J. A. (2018) Fostering Acceptance of Sexual Identity and Expression of the LGBT Community in the Classroom.
- Sondag, K. A., Johnson, A. G., & Parrish, M. E. (2022). School sex education: Teachers' and young adults' perceptions of relevance for LGBT students. *Journal of LGBT Youth*, 19(3), 247-267.
- Su, D., Irwin, J. A., Fisher, C., Ramos, A., Kelley, M., Mendoza, D. A. R., & Coleman, J. D. (2016). Mental health disparities within the LGBT population: a comparison between transgender and nontransgender individuals. *Transgender Health*, 1(1), 12-20. <https://doi.org/10.1089/trgh.2015.0001>
- Tang X, Poudel AN (2018). Exploring challenges and problems faced by LGBT students in Philippines: a qualitative study. *J Public Health Policy Plann.* 2018;2(3): 9-17.
- Teodoro, G. T. (2021). Teachers' acceptance of lesbian, gay, bisexual, transgender, and queer (LGBTQ) students. *International Journal of Teacher Education and Teaching*, 7(2), 11-20.
- The jamovi project (2023). jamovi. (Version 2.4) [Computer Software]. Retrieved from <https://www.jamovi.org>.
- The Trevor Project. (2022). National Survey on LGBTQ Youth Mental Health 2022. Retrieved from <https://www.thetrevorproject.org/survey-2022/>
- Toomey, R. B., Ryan, C., Diaz, R. M., Card, N. A., & Russell, S. T. (2010). Harsh realities: the experiences of transgender youth in our nation's schools. *Glsen*.
- Toomey, R. B., Syvertsen, A. K., & Shramko, M. (2020). Associations between parental acceptance, rejection, and perceived school climate and LGBTQ youth's well-being and school belonging. *LGBT Health*, 7(1), 1-8.
- Torres, M. (2020). The experiences of LGBT students in Philippine schools: a qualitative study. *Journal of Educational and Social Research*, 10(2), 39-52.
- Walker, T. (2019, June 27). Bridging the LGBTQ research gap. *Managed Healthcare Executive*. <https://www.managedhealthcareexecutive.com/view/bridging-lgbtq-research-gap>
- Williams, J. L., & Langer, J. (2018). The relationship between parental acceptance and mental health in transgender and gender-nonconforming youth. *Journal of Adolescent Health*, 63(5), S33-S39.
- Wooldridge, J. M. (2016). Introductory econometrics: A modern approach (7th ed.). *Cengage Learning*.